



80 South Jefferson Road  
Whippany, New Jersey 07981  
973-581-5169  
Fax: 973-599-6564

**Universal Service Administration Company**  
Schools & Libraries Division

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**FAX TRANSMISSION COVER SHEET**

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To: Ray Young  
Fax: 1-954-434-9772  
Subject: E-Rate invoice 5455. our invoice 728133  
From: English, Keith  
Date: January 22, 2007  
Time: 12:18:06 PM

YOU SHOULD RECEIVE 3 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 973-581-5169.

---

Mr. Young,

Applicant Name: Miami-Dade County Public Schools

Service Provider Name: Structured Cabling Solutions

Submitter Invoice Number: 5455

SLD Invoice Number: 728133

Funding Request Number (FRN): 1104926

I am reviewing your request for reimbursement of the aforementioned FRN. Please send me a copy of the detailed invoices sent to the applicant for the products/services provided.

**Privilege and Confidentiality Notice**

Information in this telecopy is intended for the named recipients only. It may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied material is strictly prohibited. If you have received the telecopy in error, please notify us by telephone immediately and mail the original to us at the above address. Thank you.

Could you please supply us, if not on the invoice, which school the service or installation was for.

In addition to a copy of the detailed invoice, please provide the Service Certification form, completed by the applicant, for the products/services provided. Please note that the applicant must complete 6 lines:

- Representative / Contact Name
- Representative / Contact Title
- Representative / Contact Phone
- Date Goods/Services Delivered
- Date Goods/Services were or will be Installed
- Date Applicant Portion Paid and Check No. or Date to be Paid

The applicant must also sign and date the form, and indicate Yes or No as appropriate, in one of the two appropriate sections at the bottom of the form.

The applicant may fax/e-mail the above information to me directly, which may speed up the review process. Please put the SLD Invoice Number on the fax/e-mail cover sheet so I can match your fax/e-mail to your form.

Please provide this information to me as soon as possible within the next 7 calendar days (by Tuesday, 1/30/2007). Failure to do so may result in a reduction or rejection of the invoice, without further request. If you have any questions or need additional time, please contact me.

Thank you for your cooperation and continued support of the Universal Service Program.

Keith English

Invoicing

Schools and Libraries Program

Voice: 973-581-5169

Fax: 973-599-6564

E-mail: [kenglis@sl.universalservice.org](mailto:kenglis@sl.universalservice.org)

***ATTACHMENT # 6***

143024345|Structured Cabling Solutions, Inc.|syeds@cabling-  
solutions.com|usacstatement@universal-service.org|C000298010|910|10/23/2007|N  
143024345|1104950|5308|.00|"SLD Invoice Number:816756;Line Item Detail  
Number:3001552;Amount Requested:11405.23;Service Receipt Not Confirmed By  
Applicant;321;"  
143024345|1105023|5307|.00|"SLD Invoice Number:816762;Line Item Detail  
Number:3001590;Amount Requested:2183.19;Service Receipt Not Confirmed By  
Applicant;321;"  
143024345|1109027|5411|.00|"SLD Invoice Number:816767;Line Item Detail  
Number:3001649;Amount Requested:1539.18;Service Receipt Not Confirmed By  
Applicant;321;"  
143024345|1101439|5413|.00|"SLD Invoice Number:816550;Line Item Detail  
Number:3001201;Amount Requested:7363.79;Service Receipt Not Confirmed By  
Applicant;321;"  
143024345|1101958|5457|.00|"SLD Invoice Number:816573;Line Item Detail  
Number:3001255;Amount Requested:3410.77;Service Receipt Not Confirmed By  
Applicant;321;"  
143024345|1102091|5306|.00|"SLD Invoice Number:816609;Line Item Detail  
Number:3001321;Amount Requested:1429.03;Service Receipt Not Confirmed By  
Applicant;321;"  
143024345|1102544|5397|.00|"SLD Invoice Number:816629;Line Item Detail  
Number:3001377;Amount Requested:5242.27;Service Receipt Not Confirmed By  
Applicant;321;"  
143024345|1105040|5453|.00|"SLD Invoice Number:816728;Line Item Detail  
Number:3001524;Amount Requested:18274.28;Service Receipt Not Confirmed By  
Applicant;321;"  
143024345|1104926|5455|.00|"SLD Invoice Number:816749;Line Item Detail  
Number:3001539;Amount Requested:37107.32;Service Receipt Not Confirmed By  
Applicant;321;"

***ATTACHMENT # 7***

47-21-001



# Miami-Dade County Public Schools

*giving our students the world*

**Superintendent of Schools**  
Rudolph F. Crew, Ed.D.

**Executive Officer**  
Ms. Deborah Karcher

**Administrative Director**  
Mr. Craig Rinehart

**Director II / E-Rate Management**  
Dr. Anthony D. Machado

**Miami-Dade County School Board**  
Agustin J. Barrera, Chair  
Dr. Martin Karp, Vice Chair  
Renier Diaz de la Portilla  
Perta Tabares Hantman  
Evelyn Langlieb Greer  
Dr. Robert B. Ingram  
Ana Rivas Logan  
Dr. Marta Pérez  
Dr. Solomon C. Stinson

March 19, 2007

## INVOICE DEADLINE EXTENSION REQUEST

Schools and Libraries Division  
Correspondence Unit  
100 South Jefferson Road  
P.O. Box 902  
Whippany, New Jersey 07981

### RE: INVOICE DEADLINE EXTENSION REQUEST

Bill Entity Number 127722 (Miami-Dade County Public Schools)

Funding Year 7 (2004-2005)      See Attached SPREADSHEET

Funding Year 8 (2005-2006)      See Attached SPREADSHEET

Information pertaining to this Invoice Deadline Extension Request can be addressed directly to:

**Dr. Anthony D. Machado**  
Mailing Address: 13135 SW 26 Street / Miami, FL / 33175-1817  
E-Mail Address: [TMachado@DadeSchools.net](mailto:TMachado@DadeSchools.net)  
Office Telephone: 305-995-3433 / Office Fax: 305-995-3773

As a result of inordinate delays in funding commitments for all our 2003-2004 (Year 6) and 2004-2005 (Year 7) applications, our work timetables were seriously jeopardized and compromised. As well, throughout this trying period, we have also had to contend with vendors going out of business, SPIN changes, and Service Substitutions Requests - just to update all that should have been done according to normal scheduling.

Consequently, we must now also request **INVOICE DEADLINE EXTENSIONS** for the invoices affected by the foresaid explanation. This now is impacting our vendors. Attached, please find the list of the Applications and FRNs for the Invoices that require this action.

Thanking you in advance for your consideration and expedience of action.

Dr. Anthony D. Machado  
Director II

Enclosures

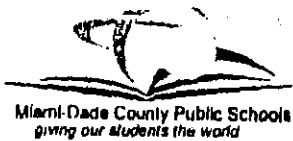
| Location                            | PO #      | Appl # | FRN #   | MDCPS<br>Amount | USAC<br>Amount | TOTAL      | Invoice #<br>SCS | Invoice #<br>1st SLD | Invoice #<br>2nd SLD | Invoice #<br>3rd SLD | Action needed?                                           |
|-------------------------------------|-----------|--------|---------|-----------------|----------------|------------|------------------|----------------------|----------------------|----------------------|----------------------------------------------------------|
| Peskoe Elementary - ERATE           | D02295462 | 386717 | 1101439 | 818.20          | 7,383.79       | 8,181.99   | 5413             | 722259               |                      |                      | IDER and resubmit                                        |
| North County Elementary - ERATE     | D02294988 | 388937 | 1102028 | 57.21           | 514.92         | 572.13     | 5214             | 695744               | 717555               | 728305               | IDER and resubmit                                        |
| Henry M. Flagler Elementary - ERATE | D02295530 | 388797 | 1102544 | 582.47          | 5,242.27       | 5,824.74   | 5397             | 720614               |                      |                      | IDER and resubmit                                        |
| Stirrup Elementary - ERATE          | D02294949 | 389281 | 1104902 | 1,457.37        | 13,116.34      | 14,573.71  | 5215             | 695770               | 717557               | 728316               | IDER and resubmit                                        |
| Thomas Jefferson Middle - ERATE     | D02294911 | 389664 | 1104907 | 833.34          | 7,500.03       | 8,333.37   |                  |                      |                      |                      | IDER and resubmit                                        |
| Pine Villa Elementary - ERATE       | D02295464 | 389309 | 1104926 | 4,123.04        | 37,107.32      | 41,230.36  | 5455             | 728133               |                      |                      | IDER and resubmit                                        |
| Allapattah Middle - ERATE           | D02295517 | 394410 | 1105040 | 2,030.48        | 18,274.28      | 20,304.76  | 5453             | 728124               |                      |                      | IDER and resubmit                                        |
| Crestview Elementary - ERATE        | D02294927 | 388765 | 1109027 | 299.77          | 2,997.93       | 2,997.70   | 5411             | 722253               |                      |                      | IDER and resubmit                                        |
| Orchard Villa Elementary - ERATE    | D02295104 | 463580 | 1274000 | 315.41          | 2,838.67       | 3,154.08   |                  |                      |                      |                      | IDER and resubmit                                        |
| West Homestead Elementary - ERATE   | D02295461 | 419308 | 1155637 | 141.32          | 1,271.83       | 1,413.15   | 5140             | 663747               | 684525               |                      | IDER and resubmit needs to verify delivery date, request |
| Drew Middle - ERATE                 | D02295196 | 389642 | 1101495 | 1,267.25        | 11,405.23      | 12,672.48  | 5154             | 671563               | 696322               | 717565               | IDER and resubmit --SSD reset to 7/1/2004                |
| Carol City Elementary - ERATE       | D02294981 | 391393 | 1101958 | 378.97          | 3,410.77       | 3,789.74   | 5457             | 728140               |                      |                      | IDER and resubmit --SSD reset to 7/1/2004                |
| Lenora B. Smith Elementary - ERATE  | D02295523 | 388368 | 1102091 | 158.78          | 1,429.03       | 1,587.81   | 5306             | 717572               |                      |                      | IDER and resubmit --SSD reset to 7/1/2004                |
| Campbell Drive Elementary - ERATE   | D02295502 | 388683 | 1102710 | 1,141.63        | 10,274.67      | 11,416.30  | 5132             | 696327               | 717563               |                      | IDER and resubmit --SSD reset to 7/1/2004                |
| Nathan B. Young Elem - ERATE        | D02294954 | 389556 | 1102910 | 113.96          | 1,025.62       | 1,139.58   | 5213             | 695726               | 717546               |                      | IDER and resubmit --SSD reset to 7/1/2004                |
| Charles Drew Elementary - ERATE     | D02295744 | 388771 | 1104950 | 1,570.01        | 14,130.12      | 15,700.13  | 5308             | 717575               |                      |                      | IDER and resubmit --SSD reset to 7/1/2004                |
| Kelsey L. Pharr Elementary - ERATE  | D02295507 | 389288 | 1105023 | 242.58          | 2,183.19       | 2,425.77   | 5307             | 717576               |                      |                      | IDER and resubmit --SSD reset to 7/1/2004                |
| Fairlawn Elementary - ERATE         | D02295501 | 464545 | 1276993 | 2,580.75        | 23,226.76      | 25,807.51  | 5456             | 728135               |                      |                      | IDER and resubmit --SSD reset to 7/1/2005                |
|                                     |           |        |         |                 |                |            |                  |                      |                      |                      |                                                          |
|                                     |           |        |         |                 |                |            |                  |                      |                      |                      |                                                          |
|                                     |           |        |         | 17,237.13       | 155,134.06     | 172,371.19 |                  |                      |                      |                      |                                                          |

Orange: Invoices have been paid

Yellow: service certifications received

Aqua: FRNs missing certifications

Lavender: Special Circumstances listed in status



MIAMI-DADE COUNTY PUBLIC SCHOOLS  
PURCHASING CREDIT CARD PROGRAM  
PURCHASE AUTHORIZATION

| WORK LOCATION:<br>9309 E-Rate Department                                                                                 |                           |                                             |                                  | INTERNAL #:                        |                                                                       |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------|----------------------------------|------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Florida Tax Exemption No. 23-08-324893-53C                                                                               |                           | REQUESTER'S NAME:<br>Dr. Anthony D. Machado |                                  | DATE:<br>3/19/07                   | SHIP TO ADDRESS:<br>ITS<br>13135 S. W. 26 St.<br>Miami, FL 33175-1817 |                                                                                     |
| SUPPLIER/MERCHANT:<br>FedEx                                                                                              |                           | CARD HOLDER NAME:<br>Mr. David Ferris       |                                  | TRANSACTION DATE/NUMBER:           |                                                                       |                                                                                     |
| ORDER VIA                                                                                                                | PHONE #<br>(800) 463-3339 | FAX #                                       | IN PERSON:                       |                                    | CONFIRMED BY:                                                         |                                                                                     |
| ITEM                                                                                                                     | DESCRIPTION               | QTY                                         | UNIT                             | PRICE                              | TOTAL                                                                 | RCVD BY                                                                             |
|                                                                                                                          | AIRBILL # 8616 4611 1473  | 1                                           | 1                                |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
|                                                                                                                          |                           |                                             |                                  |                                    |                                                                       |                                                                                     |
| JND                                                                                                                      | OBJECT                    | LOCATION                                    | PROGRAM                          | FUNCTION                           | SHIPPING CHARGES                                                      | CHECK HERE<br>IF ADDITIONAL<br>ITEMS ON<br>REVERSE SIDE<br><input type="checkbox"/> |
|                                                                                                                          |                           |                                             |                                  | PURCHASE NOT TO EXCEED \$999.99 \$ |                                                                       |                                                                                     |
| WORK LOCATION CARD ADMINISTRATOR (PRINT)<br>r. David Ferris                                                              |                           |                                             | SIGNATURE<br><i>David Ferris</i> |                                    | DATE<br>3/19/2007                                                     |                                                                                     |
| SUPPLIER MUST CALL _____ AT (305) _____ TO<br>OBTAIN CARD NUMBER FOR FAX ORDERS. NO SUBSTITUTES OR BACK ORDERS ACCEPTED. |                           |                                             |                                  |                                    |                                                                       |                                                                                     |



**FedEx** *US Airbill*  
Express

FedEx Tracking Number **8610 4611 1473**

From *Please print and press hard*  
Date **3/19/07** Sender's FedEx Account Number **2946-3904-7**

Sender's Name **DR ANTHONY D MACHADO** Phone **(305) 995-3433**

Company **MIAMI DADE CTY PUBLIC SCHOOL**

Address **13135 SW 26TH ST**

City **MIAMI** State **FL** ZIP **33175-1817**

Your Internal Billing Reference **Y7 Invoice deadline Extension**  
**Y8 Request (see attached list)**

To Recipient's Name **SLD Correspondence Unit**

Company **Schools & Libraries Division**

Recipient's Address **100 South Jefferson Rd.**

Address **Whippamy** State **N.J.** ZIP **07981**

**0356258704**

 **Ship and track packages at fedex.com**  
Simplify your shipping. Manage your account. Access all the tools you need.

**0215** **Sender's Copy**

**4a Express Package Service**  
☐ FedEx Priority Overnight *Next business morning. \* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.*  
☒ FedEx Standard Overnight *Next business morning. \* Saturday Delivery NOT available.*  
☐ FedEx 2Day *Second business day. \* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx Envelope rate not available. Minimum charge: One-pound rate.*  
☐ FedEx Express Saver *Third business day. \* Saturday Delivery NOT available.*

**4b Express Freight Service**  
☐ FedEx 1Day Freight\* *Next business day. \* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.*  
☐ FedEx 2Day Freight *Second business day. \* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.*  
☐ FedEx 3Day Freight *Third business day. \* Saturday Delivery NOT available.*

**5 Packaging**  
☐ FedEx Envelope\* ☐ FedEx Pak\* *Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.* ☐ FedEx Box ☐ FedEx Tube ☐ Other

**6 Special Handling**  
☐ SATURDAY Delivery *NOT Available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.*  
☐ HOLD Weekday at FedEx Location *NOT Available for FedEx First Overnight.*  
☐ HOLD Saturday at FedEx Location *Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.*  
☐ No ☐ Yes *One box must be checked.*  
☐ Dry Ice *Dry ice, 1, UN 1845, # \_\_\_\_\_ kg*  
☐ Cargo Aircraft Only

**7 Payment** Bill to: ☐ Sender ☐ Recipient ☐ Third Party ☒ Credit Card ☐ Cash/Check  
FedEx Acct. No. **5569010000267055** Exp. Date **07/08**  
Total Packages **1** Total Weight **1** Total Declared Value\* **\$ .00**

\* Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

**8 Residential Delivery Signature Options** *If you require a signature, check Direct or Indirect.*  
☐ No Signature Required ☐ Direct Signature *Someone at recipient's address may sign for delivery. Fee applies.* ☐ Indirect Signature *If no one is available at recipient's address, someone at a neighbouring address may sign for delivery. Fee applies.*

**519**

Rev. Date 1/06-Part 115279-0154-2006 FedEx PRINTED IN U.S.A.-54F

***ATTACHMENT # 8***



Universal Service Administrative Company

Schools & Libraries Division

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**Administrator's Decision on Invoice Deadline Extension Request**

June 26, 2007

Ray Young  
Structured Cabling Solutions  
1777 NW 79<sup>th</sup> Avenue  
Miami, FL 33126

Re: Pine Villa Elementary School

Re: SLD Invoice #: 728133 BEAR or SPI: SPI  
Invoice Date: 01/19/2007

SLD Line(s) #: 2666451  
Vendor invoice #: 5455  
471 Application Number: 389309  
Funding Request Number(s): 1104926  
Your Correspondence Dated: March 13, 2007

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your invoice deadline extension request for the invoice number indicated above. This letter explains the basis of SLD's decision. If your request included more than one invoice number, please note that for each invoice for which an invoice deadline extension request was submitted, a separate letter is being sent.

Invoice Number: 728133 Line(s): 2666451

Decision on Request: **Approved**

Since this Administrator's Decision approved your request, an invoice requesting payment must be submitted, so that it is postmarked no later than 120 days after the date of this letter in order for your request to be considered as timely filed. If you are resubmitting a Form 472, please remember that you should forward the form to the Service Provider as soon as possible to ensure sufficient time to process your request. The invoice should be submitted in accordance with the instructions that are posted in the SLD Forms area of the SLD web site at [www.universalservice.org/sl/](http://www.universalservice.org/sl/) or are available by contacting the SLD Client Service Bureau at 1-888-203-8100.

Thank you for your continued support of and participation in the E-rate program.  
Schools and Libraries Division  
Universal Service Administrative Company

cc: Dr. Anthony Machado, Miami-Dade County Public Schools

***ATTACHMENT # 9***

[HOME](#) [CANCEL](#) [SAVE & EXIT](#) [HELP](#)

# *FCC Form 471*

Services Ordered and Certification Form

[Block 2 & 3](#)[Block 4](#)[Block 5](#)[Block 6](#)**Applicant's Form Identifier:** 4461-Pine Villa Elem.**Entity Number:** 127722**Contact Person:** DR. ANTHONY D. MACHADO**Phone Number:** (305) 995-3433

## IMPORTANT

Please record this application's information in a secure place for future reference

**471 Application Number:** 389309**Entity Number of Billed Entity (Applicant):** 127722**Security Code Number:** 38824[Continue >>](#)

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HOME CANCEL HELP

# FCC Form 471

## Services Ordered and Certification Form



Block 1

Block 2 &amp; 3

Block 4

Block 5

Block 6

Approval by OMB 3060-0806

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at [www.sl.universalservice.org](http://www.sl.universalservice.org).) The instructions include information on the deadlines for filing this application.

**Applicant's Form Identifier:**

(Insert your own code to identify THIS Form 471)

4461-Pine Villa E

**Form 471 Application #:**

(inserted by Administrator)

389309

**Block 1: Billed Entity Information**

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

|                                                                                                                                               |  |                                                               |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--------------------------|
| <b>1. Name of Billed Entity</b><br>MIAMI-DADE COUNTY PUBLIC SCHOOLS                                                                           |  | <b>2. Funding Year:</b><br>Year 2004: 07/01/2004 - 06/30/2005 |                          |
| <b>3. Entity Number</b><br>127722                                                                                                             |  |                                                               |                          |
| <b>4. Billed Entity (Applicant) Address, etc.</b>                                                                                             |  |                                                               |                          |
| <b>a. Street Address, P.O. Box, or Route Number</b><br><br>                                                                                   |  |                                                               |                          |
| <b>City</b><br>                                                                                                                               |  | <b>State</b><br>FL                                            | <b>Zip Code + 4</b><br>- |
| <b>b. Telephone Number (10 digits + extension)</b><br>( ) -                                                                                   |  | <b>c. Fax Number (10 digits)</b><br>( ) -                     |                          |
| <b>d. E-mail Address (50 characters max.)</b><br>                                                                                             |  |                                                               |                          |
| <b>5. Type Of Application (Select only one type)</b>                                                                                          |  |                                                               |                          |
| <input checked="" type="checkbox"/> School (public or non-public school)                                                                      |  |                                                               |                          |
| <input type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)            |  |                                                               |                          |
| <input type="checkbox"/> Library (library (i.e. outlet/branch, system))                                                                       |  |                                                               |                          |
| <input type="checkbox"/> Consortium                                                                                                           |  |                                                               |                          |
| If you selected "Consortium" in #5 above, check here <input type="checkbox"/> if any members are ineligible non-governmental entities.        |  |                                                               |                          |
| <b>6a. Contact Person's Name:</b><br>DR. ANTHONY D. MAC                                                                                       |  | Copy 4a-d above to 6b-e below                                 |                          |
| Fill in every item of the Contact Person's information below that is different from Item 4 above, then select your preferred mode of contact. |  |                                                               |                          |

|                                                                                    |  |                          |                     |
|------------------------------------------------------------------------------------|--|--------------------------|---------------------|
| <b>6b. Street Address, P.O.Box, or Route Number</b>                                |  |                          |                     |
| 13135 S.W. 26 STREET                                                               |  |                          |                     |
|                                                                                    |  |                          |                     |
| <b>City</b>                                                                        |  | <b>State</b>             | <b>Zip Code + 4</b> |
| MIAMI                                                                              |  | FL                       | 33175 - 1817        |
| <input type="checkbox"/> <b>6c. Telephone Number (10 digits + ext.)</b>            |  | ( 305 ) 995 - 3433       | ext.                |
| <input type="checkbox"/> <b>6d. Fax Number (10 digits )</b>                        |  | ( 305 ) 995 - 3773       |                     |
| <input checked="" type="checkbox"/> <b>6e. E-mail Address (50 characters max.)</b> |  | TMACHADO@DADESCHOOLS.NET |                     |
| <b>6f. Holiday/vacation/summer contact information</b>                             |  |                          |                     |
| Miriam Diaz, Gloria Shaw, Iliana Tellez, Ernest Toledano                           |  |                          |                     |

[Previous](#) [Reset Page](#) [Block 2 & 3](#) [Print Preview](#)



HOME CANCEL SAVE &amp; EXIT HELP

**FCC Form 471**

Services Ordered and Certification Form



Block 1

Block 4

Block 5

Block 6

Applicant's Form Identifier: 4461-Pine Villa Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

**Block 2: Minor Modification to Existing Contract?**

7. THIS ITEM CANNOT BE FILED ONLINE. You may use this item ONLY to inform the Fund Administrator if your request represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Minor modification requests can be filed MANUALLY only. For more information, check the SLD web site at [www.sl.universalservice.org](http://www.sl.universalservice.org) or call the SLD Client Service Bureau at 888-203-8100.

**Block 3: Impact of Services Ordered in THIS Application**

8. Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a. Number of students to be served  b. Number of library patrons to be served

9. The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

| IF THIS APPLICATION INCLUDES...                                                                                                        | Before Order                       | After Order                        |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|
| a. Telephone service (for schools/school districts/consortia only): How many classrooms had phone service before and after your order? | <input type="text"/>               | <input type="text"/>               |
| b. High-bandwidth voice/data/video service: How many buildings served before and after your order?                                     | <input type="text" value="19"/>    | <input type="text" value="19"/>    |
| c. High-bandwidth voice/data/video service: Highest speed to a building before and after your order?                                   | <input type="text" value="100mb"/> | <input type="text" value="100mb"/> |
| d. Dial-up Internet connections: How many before and after your order?                                                                 | <input type="text" value="0"/>     | <input type="text" value="0"/>     |
| e. Dial-up Internet connections: Highest speed before and after your order?                                                            | <input type="text" value="0"/>     | <input type="text" value="0"/>     |
| f. Direct connections to the Internet: How many before and after your order?                                                           | <input type="text" value="1"/>     | <input type="text" value="1"/>     |
| g. Direct connections to the Internet: Highest speed before and after your order?                                                      | <input type="text" value="T1"/>    | <input type="text" value="T1"/>    |
| h. Internet access(for schools): How many rooms have Internet access before and after your order?                                      | <input type="text" value="44"/>    | <input type="text" value="44"/>    |
| i. Internet access(for libraries): How many buildings have Internet access before and after your order?                                | <input type="text"/>               | <input type="text"/>               |

|                                                                                                             |    |    |
|-------------------------------------------------------------------------------------------------------------|----|----|
| j. Internet access: How many computers (or other devices) with Internet access before and after your order? | 52 | 52 |
| k. Other technology outcomes?                                                                               |    |    |

[Block 1](#) [Reset Page](#) [Block 4](#) [Print Preview](#)

[HOME](#) [CANCEL](#) [SAVE & EXIT](#) [HELP](#)**FCC Form 471**

Services Ordered and Certification Form

[Block 1](#)[Block 2 & 3](#)[Block 4](#)[Block 5](#)[Block 6](#)

Applicant's Form Identifier: 4461-Pine Villa Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

[Bottom](#)**Block 4 Discount Calculation Worksheet A for Schools/School Districts (Display)**Type "A" Worksheet No. 

|                                                        |                                                |
|--------------------------------------------------------|------------------------------------------------|
| 1. Name of School: <u>PINE VILLA ELEMENTARY SCHOOL</u> | 2. Entity Number: 3696                         |
| 3. Urban or Rural: Urban                               | 4. Total # of Students: 701                    |
| 5. # of Students Eligible for NSLP (#5 / #4): 90.442%  | 6. Discount % from Discount Matrix: 90%        |
| 7. Weighted Product for Shared Discount(#4 X #         | 8. Weighted Product for Shared Discount(#4 X # |

Total number of students (#4) for all entities listed in this worksheet: 701

Total weighted product (#8) for all entities listed in this worksheet: 630.9

Weighted Average Discount % for Shared Services (#8 total / #4 total X 100) for this worksheet: N/A

[Top](#)[Add New Entity](#)[Add New Type "A" Worksheet](#)[Block 2&3](#)[Remove This Worksheet](#)[Copy This Worksheet](#)[Block 5](#)[Print Preview](#)

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HOME CANCEL SAVE &amp; EXIT HELP

**FCC Form 471**

Services Ordered and Certification Form



Block 1

Block 2 &amp; 3

Block 4

Block 6

Applicant's Form Identifier: 4461-Pine Villa Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

Bottom

**Block 5 Display**

|                                                                                              |                                               |
|----------------------------------------------------------------------------------------------|-----------------------------------------------|
| FRN: 1104926                                                                                 |                                               |
| 11. Category of Service: Internal Connections                                                | 12. 470 Application Number: 505170000430897   |
| 13. SPIN: 143024345                                                                          | 14. Service Provider Name: Structured Cabling |
| 15. Contract Number: 104-CC04                                                                | 16. Billing Account Number: 107315            |
| 17. Allowable Contract Date: 12/13/2002                                                      | 18. Contract Award Date: 08/20/2003           |
| 19a. Service Start Date: 07/01/2004                                                          | 19b. Service End Date:                        |
| 20. Contract Expiration Date: 06/30/2005                                                     |                                               |
| 21. Attachment #: BLOCK 5 #21 - 001 pp 1-3                                                   | 22. Block 4 Entity Number: 36962              |
| 23a. Monthly Charges: \$0.00                                                                 | 23b. Ineligible monthly amt.: \$0.00          |
| 23c. Eligible monthly amt.: \$0.00                                                           | 23d. Number of months of service: 12          |
| 23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$0.00          |                                               |
| 23f. Annual non-recurring (one-time) charges: \$41,230.36                                    | 23g. Ineligible non-recurring amt.: \$0.00    |
| 23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$41,230.36 |                                               |
| 23i. Total program year pre-discount amount ( 23e + 23h): \$41,230.36                        |                                               |
| 23j. % discount (from Block 4): 90                                                           |                                               |
| 23k. Funding Commitment Request ( 23i x 23j): \$37,107.32                                    |                                               |

|                                                                                              |                                               |
|----------------------------------------------------------------------------------------------|-----------------------------------------------|
| FRN: 1124879                                                                                 |                                               |
| 11. Category of Service: Internal Connections                                                | 12. 470 Application Number: 980850000430907   |
| 13. SPIN: 143020605                                                                          | 14. Service Provider Name: United Data Techno |
| 15. Contract Number: 154-CC04                                                                | 16. Billing Account Number: 107315            |
| 17. Allowable Contract Date: 12/13/2002                                                      | 18. Contract Award Date: 12/13/2002           |
| 19a. Service Start Date: 07/01/2004                                                          | 19b. Service End Date:                        |
| 20. Contract Expiration Date: 06/30/2005                                                     |                                               |
| 21. Attachment #: Block 5 #21-002 p 1                                                        | 22. Block 4 Entity Number: 36962              |
| 23a. Monthly Charges: \$0.00                                                                 | 23b. Ineligible monthly amt.: \$0.00          |
| 23c. Eligible monthly amt.: \$0.00                                                           | 23d. Number of months of service: 12          |
| 23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$0.00          |                                               |
| 23f. Annual non-recurring (one-time) charges: \$12,974.06                                    | 23g. Ineligible non-recurring amt.: \$0.00    |
| 23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$12,974.06 |                                               |
| 23i. Total program year pre-discount amount ( 23e + 23h): \$12,974.06                        |                                               |
| 23j. % discount (from Block 4): 90                                                           |                                               |
| 23k. Funding Commitment Request ( 23i x 23j): \$11,676.65                                    |                                               |

Top

Block 4

Add New Funding Request

Block 6

Print Preview

HOME CANCEL HELP

# FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 &amp; 3

Block 4

Block 5

Applicant's Form Identifier: 4461-Pine Villa Elem.

Entity Number: 127722

Contact Person: DR. ANTHONY D. MACHADO

Phone Number: (305) 995-3433

## Block 6: Certifications and Signature

**24. The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both)**

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school including, but not limited to, elementary and secondary schools, colleges and universities.

**25. The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).**

**26. All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:**

- a. ☐ an individual technology plan for using the services requested in this application; and/or
- b. ☒ higher-level technology plan(s) for using the services requested in this application; or
- c. ☐ no technology plan needed; applying for basic local and long distance telephone service only.

**27. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):**

- a. ☒ technology plan(s) has/have been approved; and/or
- b. ☐ technology plan(s) will be approved by a state or other authorized body; or
- c. ☐ no technology plan needed; applying for basic local and long distance telephone service only.

**28. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.**

**29. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.**

**30. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge**

that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33. I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

36. Printed name of authorized person

Mr. Charles E. Hankerson

37. Title or position of authorized person

Principal

38a. Street Address, P.O. Box, or Route Number

21799 S.W. 117 Court

City Miami

State FL

Zip 33170

38b. Telephone number of authorized person

305 258 - 5366

38c. Fax number of authorized person

-

38d. E-mail address of authorized person

PRINCIPAL@PINEVILLA.DADESC

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C.Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C.Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Block 5 Display

Reset Page

Print Preview

Paper Certification >>

Electronic Certification >>

## MDCPS

## Proposal from: Structured Cabling Solutions

**Project Mgr:** Michael Cupido  
**Contact:** Linda Cantin  
**Date:** 23-Oct-03  
**Change #:** #107315, Spin #143024345, Contract #104-CC04  
**Location:** Pine Villa Elementary  
**Address:** 21799 SW 117th Ct.  
**Scope:** Fiber run from MDF in Main Office to Relocatable DUP-1 and create a new IDF.  
 Add 5 data drops (Cat-5 BSW) to each of 14 portables from DUP-1.

**Created By:**

| ITM  | Qty   | DESCRIPTION                | MATERIAL     |        | LABOR        |          | TOTAL     |        |              |
|------|-------|----------------------------|--------------|--------|--------------|----------|-----------|--------|--------------|
| 16   | 320   | 2" GRS CONDUIT             | \$           | 2.32   | \$           | 742.40   | \$        | 908.80 | \$1,651.20   |
| 29   | 1000  | 2" PVC SCH 40 CONDUIT      | \$           | 0.49   | \$           | 490.00   | \$        | 540.00 | \$1,030.00   |
| 33   | 15    | 12"x12"x8" PULLBOX         | \$           | 26.30  | \$           | 394.50   | \$        | 13.60  | \$204.00     |
| 38   | 700   | TRENCH,24"D,4"W,ER,RSTR    | \$           | -      | \$           | -        | \$        | 2.13   | \$1,491.00   |
| 47   | 3     | CORE 8" BLOCK,PER IN DM    | \$           | -      | \$           | -        | \$        | 20.40  | \$61.20      |
| 49   | 12    | FIRE STOP HOLE,PER IN D    | \$           | -      | \$           | -        | \$        | 1.70   | \$20.40      |
| 51   | 900   | PAINT RIGID UNDRG COND     | \$           | 0.34   | \$           | 306.00   | \$        | 0.27   | \$243.00     |
| 53   | 1     | 4'x8' BACK BOARD           | \$           | 40.95  | \$           | 40.95    | \$        | 54.40  | \$95.35      |
| 65   | 15    | 100 PR X-CONNECT FIELD     | \$           | 8.87   | \$           | 133.05   | \$        | 2.26   | \$33.90      |
| 73   | 1     | 24 PORT,CAT5,PATCH PNL     | \$           | 71.77  | \$           | 71.77    | \$        | 54.40  | \$54.40      |
| 75   | 1     | 48 PORT,CAT5,PATCH PNL     | \$           | 143.48 | \$           | 143.48   | \$        | 108.80 | \$108.80     |
| 100  | 4000  | 4 PR,24,CAT5,PVC CABLE     | \$           | 0.05   | \$           | 200.00   | \$        | 0.48   | \$1,920.00   |
| 126  | 85    | 8 WIRE C5 STATION JACK     | \$           | 2.78   | \$           | 236.30   | \$        | 2.26   | \$192.10     |
| 127  | 14    | 1 TO 6 PORT FACEPLATE      | \$           | 0.92   | \$           | 12.88    | \$        | 2.26   | \$31.64      |
| 129  | 280   | 3/4" SURFACE RACEWAY       | \$           | 0.68   | \$           | 190.40   | \$        | 1.14   | \$319.20     |
| 132  | 28    | SURFACE ONE GANG BOX       | \$           | 3.52   | \$           | 98.56    | \$        | 4.54   | \$127.12     |
| 142  | 1     | 12 FBR INTERCONNECT,WL     | \$           | 127.21 | \$           | 127.21   | \$        | 86.70  | \$86.70      |
| 152  | 85    | 5' CAT5 MOD PATCH CORD     | \$           | 1.16   | \$           | 98.60    | \$        | 2.26   | \$192.10     |
| 166  | 500   | 6 FIBER FILLED CABLE       | \$           | 0.45   | \$           | 225.00   | \$        | 0.12   | \$60.00      |
| 172  | 1     | 24" WALL CABINET,18" D     | \$           | 351.75 | \$           | 351.75   | \$        | 81.60  | \$81.60      |
| 173a | 480   | INSTALLER / HOUR,RT        | \$           | -      | \$           | -        | \$        | 27.20  | \$13,056.00  |
| 206  | 672   | PUNCH DOWN PAIRS           | \$           | -      | \$           | -        | \$        | 2.26   | \$1,518.72   |
| 207  | 56    | CROSS-CONNECT PAIRS        | \$           | 0.02   | \$           | 1.12     | \$        | 2.26   | \$126.56     |
| 237  | 2     | PP REAR SUPPORT BAR        | \$           | 8.93   | \$           | 17.86    | \$        | 3.40   | \$6.80       |
| 238  | 100   | #6 AWG COPPER WIRE,GR      | \$           | 0.26   | \$           | 26.00    | \$        | 0.27   | \$27.00      |
| 239  | 14    | GROUND CONNECTION          | \$           | 2.17   | \$           | 30.38    | \$        | 2.26   | \$31.64      |
| 240  | 2     | FIBER CBL FAN OUT KIT,6F   | \$           | 10.55  | \$           | 21.10    | \$        | 27.20  | \$54.40      |
| 241  | 12    | FIBER ST CONNECTOR         | \$           | 5.30   | \$           | 63.60    | \$        | 4.54   | \$54.48      |
| 248  | 13000 | 4 PR CAT5 FILLED CABLE     | \$           | 0.14   | \$           | 1,820.00 | \$        | 0.12   | \$1,560.00   |
| 249  | 97    | C4-4 PR CONNECTING BLK     | \$           | 0.49   | \$           | 47.53    | \$        | 2.26   | \$219.22     |
| 255  | 14    | 12"x8" UTILITY BOX, NEMA3R | \$           | 28.19  | \$           | 394.66   | \$        | 6.80   | \$95.20      |
| 286  | 28    | CAT5 PROTECTOR,25PR        | \$           | 232.26 | \$           | 6,503.28 | \$        | 27.20  | \$761.60     |
|      | 14    | 24" X 36" Hand Hole        | \$           | 150.00 | \$           | 2,100.00 | \$        | 150.00 | \$2,100.00   |
|      |       |                            |              | \$     |              | \$       |           | \$     | \$0.00       |
|      |       |                            |              | \$     |              | \$       |           | \$     | \$0.00       |
|      |       |                            | \$ 14,888.38 |        | \$ 26,341.98 |          | \$        |        | \$ 41,230.36 |
|      |       |                            | SUM          |        | SUM          |          | TOTAL SUM |        |              |

471 Application # 324309  
 Entity # (Applicant) 127722 (M-DGPS)  
 Form Identifier 4461  
 Attachment: Block 5 #21-001 / Pg 1 of 3



Structured Cabling Solutions

471 Application # 384309  
Entity # (Applicant) 127722 (M-DCPS)  
Form Identifier 4461  
Attachment: Block 5 #21-001 / Pg 2 of 3

Date: October 23, 2003  
Client Name: Miami Dade County Public Schools  
Project Name: Pine Villa Elementary  
Address: 21799 SW 117<sup>th</sup> Ct.  
Change #: 107315, Spin #143024345, Contract \$104-CC04  
Project Mgr: Michael Cupido  
Contact: Linda Cantin  
Prepared By: Ray Young , RCDD/OSP & Felipe Sagastume, RCDD  
State of Florida License ES1200133 & ES-0000322  
State of Georgia License LT-305064

### **Scope of Work**

#### **Overview:**

**Fiber run from MDF in Main Office to Relocatable DUP-1 and create a new IDF. Add 5 data drops (Cat-5 BSW) to each of 14 portables from DUP-1.**

#### **Pathways:**

Structured Cabling Solutions will install a new 2" Rigid conduit between the MDF and IDF P9. This conduit will be partially installed under the building overhang and partly underground.

Structured Cabling Solutions will install a 2" Rigid conduit system between IDF P9 (In Portable 9) and thirteen Portables. The conduits will be installed through Hand Holes installed near the Portables. A 2" conduit will be installed from each Hand Hole into the nearest Portable. A 12" X 12" pull box will be installed on the side of each Portable.

Within each Portable Structured Cabling Solutions will install wiremold raceway and a surface box to cover exposed cabling.

#### **Backbone:**

One 25 pair Category 5 cable will be installed through conduit between the MDF and IDF P9. This cable will be terminated into primary protection on both ends. From the protectors the cable will be extended into 110 blocks.

One 6 strand Multimode fiber optic cable will be installed through conduit between the MDF and IDF P9. This cable will be terminated with ST connectors on all strands. In the MDF the fiber connectors will be mounted into an existing LIU. In IDF P9 the fiber connectors will be mounted into a new 6 port LIU.



### **Horizontal:**

From Portable P9 Five Data and 1 Spare cable will be installed to each of 14 trailers. A total of 70 data and 14 Spare cables will be installed from Portable P9. Five Data and 1 Spare cable will be installed with Portable P9. The remainder of the cables will be installed through conduit to the other portables. Category 5 gel filled cable will be installed between portables. These gel filled cables will be terminated onto Category 5 primary protectors in the Portables. From the protectors in each Portable Category 5 PVC cable will be installed to each outlet. At the outlets RJ45 jacks will be installed on each cable and the jacks mounted onto face plates.

### **Telecom Rooms:**

Within the MDF Structured Cabling Solutions will install a 25 pair protector and a 110 block.

Within the Portable P9 IDF Structured Cabling Solutions will install a 14 - 25 pair protectors and 110 blocks. The 25 pair protectors will be enclosed in a new wall mount metal enclosure. Next to the metal enclosure Structured Cabling Solutions will install a 24" wall mount cabinet. Inside the cabinet Structured Cabling Solutions will install a 6 Port LIU, a 24 port Patch Panel and a 48 port Patch Panel. Structured Cabling Solutions will install a sleeve between the metal enclosure and the wall mount cabinet.

### **Special Considerations:**

This proposal includes crossconnection, toning and labeling of the spare cables back to the MDF.

This proposal includes patch cords in the MDF and IDF's. This proposal does not include patch cords at the workstation.

This proposal does not include a permit.

This proposal has been prepared assuming SCS will not be responsible for mounting, crossconnection or programming of customer provided equipment.

### **Total Investment:**

The total investment for your cabling system, as described in this Scope of Work and as delineated on the attached pricing schedule will be **\$41,230.36** and is inclusive of all labor and materials.